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Summary of mid-term reviews and major evaluations of country programmes

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2000 and early 2001.

Introduction

1. Mid-term reviews (MTRs) were conducted in Maldives and India in South Asia during 2000 and early 2001, respectively. Five major evaluations have also been selected for reporting to the Board in 2001. These are: (a) basic education for hard-to-reach urban children in Bangladesh; (b) Intensive District Approach to Education for All (IDEAL) project in Bangladesh; (c) oral rehydration therapy (ORT) communications campaign also in Bangladesh; (d) hygiene and sanitation project in Eastern Nepal; and (e) evaluation of the UNICEF contribution to the Education for All (EFA) Assessment in South Asia.

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Country mid-term reviews

India

2. The master plan of operations (MPO) 1999-2002 was signed only in May 1999, and many programmes became operational only during the second half of 1999. Thus, there has been effectively just over one year of programming of the current MPO in most programmes before the MTR exercise. During this period, unforeseen emergencies and natural disasters, such as the super cyclone in Orissa and severe droughts in Gujarat and other states, have affected implementation of the MPO. The severe earthquake in Gujarat that struck on 26 January 2001 affected the MTR. Despite these unforeseen events, the MTR was undertaken jointly by the Government and UNICEF in early 2001. The planned participation of other United Nations organizations and donor representatives could not take place in light of the urgent need to respond to the Gujarat earthquake emergency. The results of the MTR will be shared with other United Nations organizations and donor representatives at the country level.

3. **The situation of children and women.** India crossed the 1 billion population mark in May 2000. Three new states — Chattisgarh, Jharkhand and Uttarancha l — were formed in November 2000. The Government has continued to push for an agenda of economic reform. The economy has shown a marginal acceleration in the overall growth of gross domestic product, which grew at the rate of 6.89 per cent per year between 1991-1992 and 1997-1998, compared to 5.55 per cent in the 1980s. However, the aggregate picture masks differences across the country. Growth has slowed in seven states since the reforms. Regional income disparities are increasing, and there are also signs of increasing inequality in the personal distribution of income. There has been a marked decline in the rate of growth of real wages across the country.

4. Assessing the situation of children and women has been helped by the release in October 2000 of the second National Family Health Survey (NFHS-2) data for 1998-1999. It again shows that while there is progress, a few states in India account for the slow progress in national averages. NFHS-2 reports that 79 per cent of children between 6-14 years old were attending school compared to 68 per cent in 1992-1993 as reported in NFHS-1. The gap between boys and girls has also narrowed, with attendance by girls increasing by 15 percentage points during the period, more than double that for boys. However, 35 million girls and 25 million boys are still out of school. The picture is worse for some states; for example, in Bihar State, almost one half of the girls are not attending school.

5. Health data reveal that the infant mortality rate (IMR) has stagnated at around 70 per 1,000 live births for the fourth consecutive year. In Orissa, Madhya Pradesh, Uttar Pradesh and Rajasthan, it is over 85 per 1,000 live births. It is also higher among the scheduled castes and scheduled tribes compared to the rest of the population. Maternal mortality remains high, with no significant change in the past six years. Uttar Pradesh and Rajasthan report maternal mortality ratios of 707 and 670 per 100,000 live births, respectively, in 1998. The proportion of deliveries attended by a trained health professional has also increased only marginally since NFHS-1 from 34 to 42 per cent. The proportion of fully immunized children has also declined from 68 per cent in 1996-1997 to 47 per cent in 1999-2000.

6. There has been significant success in polio eradication. More than 150 million children under five year old have been covered during each of the National Immunization Days. In the sixth year of the polio eradication drive, the number of confirmed wild virus polio cases has declined to 263 from 1,934 in 1998. The goal of interruption in polio transmission will be achieved in all but two states by the end of 2001, and it is hoped that certification will be realized for the country as a whole three years later.

7. Limited progress has been made in combating malnutrition. The percentage of malnourished children under three years old has decreased to only 47 per cent from 52 per cent between NFHS-1 and NFHS-2. NFHS-2 data suggest that 22 per cent of children born in India are of low birth weight. Over 52 per cent of women are found to be anaemic, with rates even higher among younger women and those from scheduled castes and tribes. Almost 75 per cent of India's children below three years of age were found to be anaemic.

8. There has been a consistent improvement in access to safe drinking water. Some 83 per cent of habitations are "fully covered", and only 2 per cent are "not covered". Sanitation coverage is showing a slow but steady increase of over 1 per cent per annum. The proportion of households with toilets is around 36 per cent.

9. **Achievements and constraints.** In health, polio eradication has been the major drive in the current MPO. The emphasis on polio has paid dividends, but there is now a need to decide on future strategies once India achieves zero polio status, as is expected by the end of 2001. The focus will remain on the few states that account for the remaining wild polio cases. The MTR also noted that more effective strategies are needed to address stagnation in IMR and the declining coverage of routine immunization.

10. Other areas of focus in health are maternal mortality and neonatal tetanus, where efforts covered 46 districts in 4 states covering 10 million women of child-bearing age who were immunized during the period of the MPO. The border district cluster strategy was also started in 48 districts covering an estimated population of 80 million. The MTR indicated that the results and impact of this strategy will be monitored over the remaining two years of the MPO.

11. Priority areas for UNICEF support for HIV/AIDS have been identified. The focus of this programme will be on the prevention of mother-to-child transmission (MTCT); adolescent health and development, with a focus on life skills; and advocacy for care and attention to children and families affected by HIV/AIDS. The UNICEF-supported pilot project on the prevention of MTCT saw 85,000 pregnant women benefiting from antenatal care, 62,000 counselled and 46,000 tested.

12. Support to education has focused on: (a) quality, such as through the "Joyful" learning strategy now operating in 100 of the 524 districts; (b) access to reach the unreached, such as through the girls' education project in selected districts of Uttar Pradesh and Rajasthan; (c) promoting decentralized community-based initiatives, such as through the primary education enhancement project supported by the Government of Australia and the joint United Nations project (*Janashala* or Public School Scheme) for microplanning in 100 blocks in 8 states; and (d) strengthening advocacy and partnerships, such as that for universal elementary education, which has contributed to the launching of the *Sarva Shiksha Abhiyan* (Universal Elementary Education) by the Government.

13. Despite the achievements in education, more concerted action is needed to universalize elementary education, especially among disadvantaged girls, scheduled castes and other socio-economically disadvantaged population. The MTR recommended that UNICEF should intensify its advocacy for universal elementary education, schools for the urban poor, and support evaluation studies. At the same time, greater attention needs to be paid to improving the quality of education, strengthening monitoring systems and supporting innovation in education. UNICEF also needs to intensify its support to decentralized community-based initiatives, explore more effective ways of ensuring convergence in schools by intensifying the life skills approach for bringing about behavioural changes, and focus on promoting inclusive practices in schools.

14. Nutrition remains a major challenge in India. During the period of the MPO, the dialogue on the twenty-fifth anniversary of the Integrated Child Development Scheme (ICDS) resulted in widespread endorsement of the need to focus on the prenatal to under three-year-old age group. UNICEF has continued to collaborate with the World Bank on the ICDS III project, which has been acknowledged as a "best practice" during the assessment of UNICEF-World Bank cooperation in several countries, of which India was a part. In addition, UNICEF support for child development through ICDS is on track.

15. Communication materials and applications to improve early childhood care are in process in many states. To combat the prevalence of low birth weight, a community-based strategy is being tested in five districts of three states. An evaluation of the strategy of linking vitamin A distribution with the administration of oral polio vaccine has been found to be safe and effective and has reduced the incidence of Bitot's spots. During the MPO period, the central government ban on the sale of non-iodized salt was lifted. Although this is a setback, no state bans have been lifted, and the situation is being monitored by the Government.

16. Given the challenges in nutrition and the Government's desire for enhanced support from UNICEF, the MTR has identified the need for refinement of the objectives and strategies in nutrition in the MPO. A two-track approach — strengthening interventions over the next two years based on the intergenerational life cycle approach, and continuing the intersectoral strategy — has been identified in the MTR.

17. The World Health Organization certified India as guinea worm free in February 2000. In sanitation, hygiene and water supply, UNICEF has supported sector reforms, with a key intervention to move towards decentralization. This will enable people's participation in the long-term planning and management of water resources, the environment and sanitation. UNICEF has also been deeply involved in strengthening drought preparedness efforts. The need to provide relief and rehabilitation after severe droughts has posed a serious challenge in the past two years. The school sanitation programme has shown notable success and is a priority area of support. The MTR identified the need for a greater focus in the remaining two years and into the next country programme on: (a) natural calamities; (b) improving the sustainability of water sources, including water resources management; (c) expanding coverage of school sanitation; and (d) addressing water quality issues.

18. Convergent community action has been a major thrust area of the MPO. Strategies were to be developed for application to all areas, leading to models for

achieving convergence in select states and districts. Support has ranged from building the capacity of *panchayats* (administrative districts) to monitor the activities of *gram panchayats* (village administration bodies) by an intersectoral team including children, to linkages with rural banks and thrift and credit schemes to give a further push to the empowerment of women. While the concept of the Common Country Assessment has universal appeal, its implementation has been successful in only some states. There are still issues of demonstrating impact and results, and evolving into a strategy integral to other programmes, rather than remaining as an independent vertical programme.

19. Support for child protection has covered many areas, including child trafficking and abuse, street children, juvenile justice, and support of non-governmental organizations (NGOs) to promote awareness and actions. The MTR has identified that special attention should be given to strengthening actions towards the elimination of child labour.

20. The review of India's Initial Country Report to the Committee on the Rights of the Child took place in June 1999. In response to the Committee's comments, the Government prepared its response for the plenary session of the Committee held in January 2000. In support of implementation of the Convention on the Rights of the Child, UNICEF facilitated the drafting of a comprehensive Children's Code, which will be discussed with government counterparts with a view to integrating it in the Indian legal context.

21. **Assessment of programme strategies: lessons learned.** Apart from specific actions noted earlier for some of the programmes, there are some broader lessons that will need to be reflected in the development of programme strategies for the next country programme. Given the resources of Government, there is the perennial need to clarify the precise nature of the UNICEF contribution. Although UNICEF provides strategic support in some areas, particularly advocacy, there is a need for the definition of clear time-bound outcomes that can be measured periodically and over the long term. The UNICEF potential in advocacy is greatly appreciated and needs to be further tapped, particularly through more policy-oriented analysis.

22. The need for a geographic programmatic focus has also been identified. Different programmes focus on districts independently, responding preferentially to the priorities of their counterpart departments rather than working jointly to promote a strategy of convergent community action.

23. Disaster preparedness needs to become an integral part of UNICEF support. This requires the building of adequate capabilities within UNICEF so that localized disasters do not disrupt the functioning of the entire organization. In the rehabilitation phase, paying special attention to restoring education for affected children has been identified as an area of focus for results.

24. **Country programme management plan (CPMP).** The CPMP has been updated regularly for the country management team and reviewed. Programme implementation and effectiveness have also suffered as a result of delays in filling key posts. Risk and control assessment peer reviews have been conducted in all 10 state offices as well as in the supply and procurement section. While changes in the staff structure will be minor over the remainder of the programme cycle, strengthening of the information technology and supply and procurement areas is urgent. Moreover, additional resources to cover the relocations of premises and the

upgrading of office security, logistics and telecommunications not anticipated in the CPMP, need to be found.

Maldives

25. **The situation of children and women.** The significant reductions in infant deaths to 20 per 1,000 live births is partly the result of investments made by the Government to ensure universal immunization. During 1999, Maldives was successful in maintaining the coverage of all expanded programme on immunization vaccines, including hepatitis B, at above 95 per cent. The country is approaching polio free as well as neonatal tetanus free status.

26. While more infants are surviving, a number of those who do are of low birth weight. In Maldives, low birth weight is related to intra-uterine malnutrition. Child malnutrition remains a problem. The United Nations Development Programme (UNDP) Vulnerability and Poverty Assessment shows that more girls than boys were stunted and wasted. Many factors account for the prevalence of malnutrition in Maldives, including: dietary habits and preferences; inadequate access to health care; poor infant feeding, child-care and hygiene practices; and the high incidence of certain infections. There is also a high prevalence of anaemia.

27. Available statistics indicate that drug abuse is a problem that needs to be addressed urgently. Sexual behaviour associated with drug abuse is the single most obvious potential risk factor for HIV. The majority of drug abusers are adolescents residing in Male; many are school-leavers or drop-outs.

28. From January 2000, primary education has become a seven-year cycle starting at six years of age. The major internal efficiency concerns are drop-outs, repetition and learning achievement. A lack of education opportunities beyond the basic cycle is a major problem in certain island schools. An insufficient number of trained teachers and the near absence of child-centred active learning affect the quality of education.

29. **Achievements and constraints.** In the programme on survival and physical development, the supply of vaccines and immunization-related equipment has been the main focus. The MTR identified the need to phase out this support and move to the areas of low birth weight, child malnutrition, Integrated Management of Childhood Illness and, as part of the larger United Nations effort, support for the fight against HIV/AIDS. Support for reimbursable procurement of vaccines and supplies will be continued.

30. Support for early childhood development (ECD) has registered remarkable success with the development and dissemination of innovative messages through the media. The evaluation and review exercises for the MTR identified the need for a special focus on the poor quality of education in 22 schools of 22 underserved islands. A poor understanding of ECD at household and community levels was also targeted for special attention.

31. Support for the procurement of water tanks for rainwater harvesting is a major success story in Maldives. This support can now be phased out. The focus will now be on assistance to school water and sanitation and convergence of inputs and activities in the 22-school project.

32. **Assessment of programme strategies: lessons learned.** To do more with less requires UNICEF to remain strategic in its support and leave areas in which the Government has existing capacity for sustainability. The Government has the capacity to meet the resource needs for ensuring quality basic social services for all Maldivian children. UNICEF support should continue in areas where there is a need for "lighting the lamp" on new areas of children's needs and rights, build capacities and provide technical expertise for furthering the national effort.

33. In keeping with this principle, the country programme will phase down its support for immunization, the provision of supplies for health centres, and water supply tanks for rainwater harvesting. The programme will focus instead on the following critical areas: disparity reduction and convergence; health and nutrition, focusing on information, education and communication; the quality of education, with special emphasis on child-centred learning and related teacher training; capacity-building for the development of curriculum and materials for multi-grade teaching and for the 22 underserved schools initiative, as well as ECD; and child rights and protection.

34. The nutrition programme in particular has not progressed well. In the remaining two years, nutrition data will be collected on an ongoing basis, but planning for some activities will start in 2001 and a plan of action will be developed. The 22 schools project will be initiated in partnership with other agencies. This project will be converted to a 22-island project, with the convergence of health, nutrition, water and sanitation, quality education and social communication. Baseline data and impact indicators will be identified at the start of the project to allow for subsequent meaningful monitoring of results.

35. In the next country programme, ECD will stand alone as a multisectoral programme. The strategy will be refined to ensure that the poorest and underserved children are being reached.

36. Given the available resources, Maldives is on track in addressing protection and rights-based programming. This is especially evident in the ECD project, and lessons learned will be applied to the entire country programme. Advocacy will increase with regard to the Government's recognition and practice of defining a child as anyone under the age of 18 years, in accordance with the Convention on the Rights of the Child. Additional funding will be sought to ensure that model programmes and media reach all Maldivian children and their families in this unique geographic environment.

37. **CPMP.** No major changes to the CPMP were identified during the MTR.

Major country programme evaluations

Basic education for hard-to-reach urban children (Bangladesh)

38. Two and one half million children aged 10-14 years work in the informal sector in urban areas in Bangladesh. For many of these children, poor pay, long hours of work, little or no security of employment, and limited primary education opportunities are the norm. In 1994, together with the Directorate of Non-formal Education (DNFE), UNICEF developed an urban non-formal education project

aimed at meeting the needs of working children not reached by either formal or informal education systems.

39. The project aims by 2003 to create learning opportunities for over 350,000 children working in hazardous and exploitative jobs, helping them to move out of these jobs while developing the capacity of Government, NGOs and civil society in this area. NGOs are selected by DNFE to operate learning centres that provide a two-year course for working children. Each centre enrols 30 children, and teachers receive training and a stipend. Centres operate for two hours each day, six days a week, and all learning materials are provided. The planned average cost per learner is $35, assuming there are no drop-outs. Funds come from UNICEF regular resources ($5 million, including contributions from several National Committees for UNICEF), and through other resources, notably a $7 million contribution from the Department for International Development (United Kingdom) and $5 million from the Swedish International Development Authority and the Government of Bangladesh. In October 1997, 37 NGOs in Dhaka opened the first 2,000 learning centres. By November 2000, 202,950 children, more than one half of them girls, had been enrolled in 4,410 learning centres operated by 145 NGOs in six major cities.

40. The evaluation assessed the basic competencies of learners in centres managed by 100 NGOs and examined NGO efficiency. A total of 6,999 learners enrolled in 503 centres operated by 100 NGOs in two major cities were assessed. It also involved interviews with 1,508 learners, 503 teachers, 134 supervisors, 65 NGO managers, 490 centre management committee members, 503 parents and employers of learners, and 366 drop-outs from the learning centres.

41. As a result of the evaluation, all parties have agreed to the following changes. For learners already enrolled, NGOs will be supervised more closely. The opening of the remaining 5,000 planned centres was delayed until agreement was reached on changes needed to make the centres more effective. A revised process for selecting NGOs to operate the new centres based on stricter criteria has been proposed. For NGOs already contracted, operations will continue as agreed, at least for now. For new centres, NGO orientation has been revised, with more emphasis on enrolling working children, more effective teaching methods and avoiding the replacement of drop-outs with new learners. The training of teachers and supervisors is longer and improved. Monitoring and support systems are stronger. A more flexible modular system has been introduced to control the drop-out and replacement problem, and to meet the varying needs of learners. The lessons learned from this evaluation will be incorporated into a redesigned project in which a key feature will be partnering with experienced and capable NGOs.

Intensive District Approach to Education for All (IDEAL) project (Bangladesh)

42. IDEAL contributes to achieving national targets for enrolment, completion and learning outcomes through three sub-projects. The first is school planning, which involves the community in school management, thereby developing its sense of school ownership. The second, local-level planning and management, shifts management to the subdistrict and schools themselves. Two major activities are school catchment area mapping, which identifies school-aged children in a geographical area so that enrolment and attendance can be monitored; and school

planning. The third is improving learning through Multiple Ways of Teaching and Learning (MWTL), an approach developed by Dr. Howard Gardner, a cognitive psychologist at Harvard University (United States) Teachers are taught to use a variety of teaching styles beyond the usual rote learning methods. IDEAL plans for 1996-2000 were ambitious, with progression from pilot phase to national coverage within five years. This would have required other resources of $64 million, all available starting in January 1996. In the end, implementation and fund-raising were gradual. Modest funding was raised initially, including $5.5 million from the Australian Agency for International Development, $2.7 million from the World University Service of Canada and $2 million from National Committees. Beginning in one school in 1996, in a partnership with the Directorate of Primary Education (DPE), IDEAL is now in over 20,000 schools in 24 districts. An agreement was signed recently for $10 million funds-in-trust from the International Development Association, channelled through UNICEF.

43. The evaluation had three components: the first examined education quality; the second looked at local-level planning and management; and the third analysed implementation. Changes are taking place in IDEAL schools, with a greater variety of teaching-learning activities being used. One-way delivery to the whole class is 50 per cent less in MWTL classes. Interactive methods, such as group work and role plays, are used 50 per cent more in MWTL classes. In mathematics classes, 31 per cent of the time is spent solving problems compared to only 14 per cent in traditional schools. In environmental science classes, where the development of concepts and analytical thinking is crucial, children in IDEAL schools are engaged 75 per cent of the time in interactive or individual work, compared to only 25 per cent in non-IDEAL schools. According to education officials, IDEAL has introduced a new management and planning culture. Respondents observed that the strengths of IDEAL include participatory management, planned development, adjustment to changing conditions, enhanced school quality, social mobilization, monitoring and school supervision. The evaluation highlights weaknesses within DPE, which constrain IDEAL. These include inadequate staffing at all subnational levels; poor knowledge of modern administration, management and planning methods; and poor knowledge of fund management and resource mobilization.

44. The evaluation has resulted in adjustments to the project. IDEAL has been extended for the next five years, with plans for full national coverage with multi-donor support. Changes will be introduced more gradually, and support activities will extend over a longer period. Training in MWTL will be longer, with more follow-up and support for teachers. A new component has been added — working with teachers to assess learning. Finally, support for DPE will be strengthened.

Evaluation of the oral rehydration therapy communication campaign (Bangladesh)

45. Efforts to reduce the numbers of deaths due to diarrhoea were accelerated in the early 1990s in Bangladesh at a time when deaths among children under five years old were reported to be about 250,000 per year. In the early 1990s, the correct knowledge of care-seeking behaviour was only around 20 per cent, and 20 per cent of children with diarrhoea were receiving increased fluids and continued feeding. By 1994, the picture had changed. Around 45 per cent of children with diarrhoea were being given increased fluids, and the numbers of deaths per year due to diarrhoea

had been about halved. While this shows impact, programme stakeholders agreed that there was room for improvement. In 1995, a major ORT communication campaign was developed with the aim of targeting people who had not been convinced to change their practices. The campaign and its evaluation were funded entirely through a contribution of $5.2 million from the Government of the Netherlands. The campaign was designed to run for three consecutive diarrhoeal seasons between 1996 and 1999. The target was an ORT use rate of 80 per cent by 1999. The campaign consisted of standardized mutually reinforcing messages reaching child caretakers through a wide range of information channels using nine different packages.

46. The evaluation began at the end of 1999. It examined knowledge of the three golden rules (give extra fluids; continue normal feeding, including breastmilk; consult a health worker, if needed), the use of ORT among caretakers, and the effectiveness of the different communication packages. Information was collected through a national survey of 16,000 caretakers, 600 service providers, 800 students and 150 managers, and followed up on a baseline survey in 1996. Knowledge of the rules had increased from 4 to 46 per cent, with an impressive increase in knowledge of the need for increased fluids (from 37 to 99 per cent) and continued feeding (from 12 to 59 per cent). Demographic and Health Surveys carried out in 1996/97 and 1999/2000 are a good independent source of information on changes in ORT use rate. Among children under five years old with diarrhoea in the two weeks before the survey, those who received oral rehydration salts or home solutions increased from 61 to 74 per cent. The increase was due mainly to the increased use of the packet solution (from 48 to 61 per cent), which occurred almost entirely in rural areas. Those receiving home-made solutions dropped from 28 to 24 per cent. There were no gender differences before or after the campaign. Generally, the use of home-made solutions decreased slightly. More educated mothers remain more likely to use ORT before and after the campaign, with use rates up across all education levels.

47. The evaluation found that the health worker and school packages have been the most successful campaign tools; students' knowledge increased from 10 to 81 per cent. By 1999, virtually all schoolteachers advised about diarrhoea cases compared to just 20 per cent in 1996.

48. Follow-up campaigns are now being designed with a greater degree of sophistication aimed at a clearer target audience. More use could be made of electronic media, for example, mini-dramatizations on radio and television with unusual plots and characters. Increased use will be made of interpersonal communication strategies, such as promoting satisfied acceptors of ORT to speak out at small group meetings.

Evaluation of the hygiene and sanitation project in Eastern Nepal

49. UNICEF Nepal has been a major partner of the Government in the water and environmental sanitation (WES) sector since the 1970s. In the last few years, the focus of UNICEF WES support in Nepal has shifted to sanitation and hygiene promotion. The sustainable sanitation and hygiene promotion project was implemented in all 16 districts of the eastern region in collaboration with the Department of Water Supply and Sewage. The project aims to improve the hygiene

and sanitation practices through the basic sanitation package strategy. The strategy operates through a three-pronged approach: a media and interpersonal communication campaign; the provision of community-based health and hygiene education; and facilitation of WES infrastructure development to improve knowledge, attitude and practices in five areas of personal hygiene and sanitation. Those areas are: handwashing; use of the latrine; protection of water and food; cleaning of the house and yard; and the use of ORT. Approximately $240,000 have been allocated for project activities since 1997. To date, $225,150 have been disbursed. The funding source of the project is the Foundation Council of Liechtenstein.

50. The objectives of the evaluation were: (a) to measure project progress using the basic sanitation package indicators to determine the results reached since the start of the project; and (b) to determine what remains to be done before phasing out. The knowledge generated by the evaluation forms the basis for strategic refinement in both the 12 districts from which UNICEF support will be withdrawn and in the 4 districts where UNICEF support will be intensified. Information was collected at 70 sites, with almost 1,500 households contributing to the data collection. Schoolteachers, parents and representatives of local authorities were interviewed in-depth, and focus group discussions were held.

51. Aggregate results revealed that four out of five respondents knew why handwashing was necessary, and almost two in three washed their hands before and after eating, after defecation and before cooking. The evaluation revealed that there is a wide variation between districts in terms of knowledge, access to facilities and practices by location. Project stakeholders conclude that factors other than knowledge are important to promote the desired behavioural changes. The evaluation pointed towards the following contextual and programmatic factors to explain in part the wide variations: project duration by location; the intensity and mix of application of the three strategic components; access to improved water points; ethnic composition; cultural norms; educational levels; and relative income and wealth of communities. The evaluation also revealed variations in implementation of the basic sanitation package that could be improved by more skilled facilitation in some locations. Why the contrasts in hygiene behaviour are so great between different areas remains, for now, a mystery. However, analysing and quantifying the factors that cause the diversity are beyond the scope of the periodic evaluations of the project. Given the range of knowledge and behaviour by areas, the basic sanitation package strategy needs to be fine-tuned to respond to local conditions and demand through bottom-up processes. The modified strategy will continue to be used in components focused on water supply and sanitation under the integrated decentralized approach, which UNICEF will be supporting in the new country programme. This approach will be conducive to designing differentiated interventions that address local conditions based on a better understanding of the specific factors affecting hygiene behaviour in the focus districts.

Evaluation of the UNICEF contribution to the Education for All assessment in South Asia

52. In South Asia, EFA 2000 Assessment activities began in 1998 through collaboration between Governments and the EFA Forum partners (UNDP, UNICEF, the United Nations Educational, Scientific and Cultural Organization, the United

Nations Population Fund and the World Bank). UNICEF in South Asia provided many forms of assistance throughout South Asia aimed at assessing the extent to which countries had attained their EFA goals. The assessment highlighted progress and shortcomings, and has led to identifying solutions and policies for the twenty-first century.

53. The assessment showed that education achievements in South Asia are characterized by remarkable improvements in access and participation rates in basic education in most of the member States, but worryingly low learning achievement region-wide. One example will suffice to illustrate this trend. A study in Madhya Pradesh found that 70 per cent of grade four and 60 per cent of grade five students had not mastered the competencies in Hindi and mathematics expected of grade two students. Regrettably, the overall impression emerging from the EFA 2000 Assessment is that the gains made in improving access and participation have been accompanied by a diminution in the quality of learning.

54. UNICEF contributions region-wide to the EFA 2000 Assessment process took many forms, including from technical, financial and leadership, and extended from the second half of 1998 until April 2000. Education and evaluation officers in all South Asia offices provided technical assistance in interpreting and applying the guidelines issued by the EFA Forum. They helped Governments collect and analyse data from multiple sources, compile tables of education indicators, and write and publish country reports. The assistance usually involved technical workshops and advisory services covering many aspects of primary education. For instance, in Bangladesh, UNICEF funded the compilation of the EFA education indicator tables and the writing and publishing of country reports. In Nepal, UNICEF funded the collection of enrolment data related to the country's basic primary education programme, and in India, it funded a number of special studies directed at estimating national expenditure on basic education over the decade. Because of the paucity of data on learning achievement, UNICEF in Afghanistan, Bangladesh, Maldives, Pakistan and Sri Lanka commissioned special studies to assess attainment of basic learning competencies by children nearing the completion of the primary cycle. A key UNICEF contribution was an insistence on valid and reliable data forming the basis upon which national assessments could be made. In this connection, UNICEF South Asia's development of the ChildInfo data management system was crucial in that it provided a software tool that was invaluable for analysing subnational distributions of important education indicators. The key UNICEF contribution was that its involvement in the assessment revealed the poor state of many of the education databases developed by Governments in South Asia in the 1990s. Promoting girls' education is now becoming the leading focus of UNICEF activities in South Asia. As a result of the lessons learned in the EFA assessment, a role for UNICEF in improving education evaluation systems is being explored as a key element of its evolving strategic approach.